

| POSITION                  | INITIALS           | ID NO.      | DATE           |
|---------------------------|--------------------|-------------|----------------|
| FEE DETERMINATION         | <i>[Signature]</i> |             | <i>6/25/00</i> |
| O.I.P.E. CLASSIFIER       |                    | <i>43</i>   | <i>9/1/00</i>  |
| FORMALITY REVIEW          |                    |             |                |
| RESPONSE FORMALITY REVIEW |                    | <i>7197</i> | <i>12/5</i>    |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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